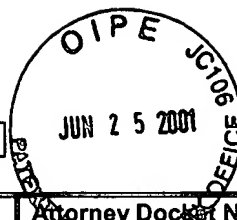


Please type a plus sign [+] inside this box →

+



<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Attorney Docket No.</td> <td style="padding: 2px;">IN-5468</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Gary Don ELLIS et al.</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">COMPLETE IF KNOWN</td> </tr> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">09/865,138</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">May 24, 2001</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;"></td> </tr> </table>	Attorney Docket No.	IN-5468	First Named Inventor	Gary Don ELLIS et al.	COMPLETE IF KNOWN		Application Number	09/865,138	Filing Date	May 24, 2001	Group Art Unit		Examiner Name	
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Filing Date	May 24, 2001															
Group Art Unit																
Examiner Name																
<input type="checkbox"/> Declaration Submitted with initial Filing	or <input checked="" type="checkbox"/> Declaration Submitted after initial Filing (surcharge (37 CFR 1.16 (e)) required															

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPOSITION AND METHOD FOR THE IN SITU REMOVAL OF SCALE FROM A SUBSTRATE**

(Title of the Invention)

The specification of which:

☐ is attached hereto

☒ Was filed on May 24, 2001 as United States Application or PCT International Application Number 09/865,138 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35, U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365 (a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date DATE/MONTH/YEAR	Priority Not Claimed	Certified Copy Attached? Yes      No
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application number are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(S)	FILING DATE

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

## DECLARATION —

Utility or Design Patent Application

☒ Customer Number or Bar Code Label


26922

PATENT TRADEMARK OFFICE

☐ Correspondence address below

Name					
Address					
Address					
City	State	Michigan	Zip	48034-2442	
County	Telephone	(248) 948-202	Fax	(248) 948-2093	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

, , Ohio , United State of America;

Name OF SOLE OR FIRST INVENTOR:				<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Gary Don			ELLIS		
Inventor's Signature			Date		
<i>Gary Don Ellis</i>			<i>June 11, 2001</i>		
Residence: City	Proctorville	State	Ohio	Country	United States
				Citizenship	USA
Mailing Address		22968 State Route 243			
City	Proctorville	State	Ohio	Zip	45669

Name OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
Matthew T.			LUSHER		
Inventor's Signature			Date		
<i>Matthew T. Lusher</i>			<i>June - 11, 2001</i>		
Residence: City	Ona	State	West Virginia	Country	United States
				Citizenship	USA
Mailing Address		122 Iroquois Trail			
City	Ona	State	West Virginia	Zip	45669